2615

S&H Form: (10/03)

## REPLY/AMENDMENT FEE TRANSMITTAL

MAY 1 0 2004

Attorney Docket No. 1293.1101

Application Number 09/534,493

Filing Date March 24, 2000

First Named Inventor Group Art Unit 2615

AMOUNT ENCLOSED

0.00 Examiner Name Robert Chevalidechnology Center 2600

FEE CALCULATION (fees effective 10/01/03)

CLAIMS AS Claims Remaining Highest Number Number States Periods P

|  | FEE C  | ALCULATION (fe                        | es effective 10/    | 01/03)        |         | •            |                |
|--|--|---------------------------------------|---------------------|---------------|---------|--------------|----------------|
| CLAIMS AS<br>AMENDED   | Claims Remaining<br>After Amendment                | Highest Number<br>Previously Paid For | Number<br>Extra     | Ra            | ite     | Calculations |                |
| TOTAL CLAIMS   | 29   | - 29 =                                | 0                   | X \$ 18.      | 00 =    | \$           | 0.00           |
| INDEPENDENT<br>CLAIMS  | 10   | - 10 =                                | 0                   | X \$ 86.      | 00 =    |              | 0.00           |
| Since an Official Action set an <u>original</u> due date of _, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110); 2 months (\$420); 3 months (\$950); 4 months (\$1,480); 5 months                                       |  |                                       |                     |               |         |              |                |
|  | peal is enclosed, add                              | <del></del>                           |                     |               |         |              |                |
|  | claimer under Rule 2                               | <del></del>                           |                     |               |         |              |                |
| Information Dis  | sclosure Statement (F                              | Rule 1.17(p)) (\$180                  | .00)                |               |         |              |                |
| Total of above Calculations =  |  |                                       |                     |               |         | \$           | 0.00           |
| Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)  |  |                                       |                     |               |         |              |                |
| TOTAL FEES DUE =   |  |                                       |                     |               |         | \$           | 0.00           |
| 1) If entry (1) is less tha  | n entry (2), entry (3) is "0".                     |                                       |                     |               |         |              |                |
|  | n 20, change entry (2) to "20".                    |                                       |                     |               |         |              |                |
|  | n entry (5), entry (6) is "0".                     |                                       |                     |               |         |              |                |
| 5) If entry (5) is less tha  | n 3, change entry (5) to "3".                      |                                       |                     |               |         |              |                |
|  |  | METHOD OF                             | PAYMENT             |               |         |              |                |
| Check end  | closed as payment.                                 |                                       |                     |               |         |              |                |
| Charge "T  | OTAL FEES DUE" to the                              | ne Deposit Account N                  | lo. below.          |               |         |              |                |
|  | nt is enclosed and no coobtain a filing date).     | harges to the Deposi                  | t Account are auth  | orized at thi | is time | (unles:      | s specifically |
| <u> </u>   |  | GENERAL AUTH                          | HORIZATION          |               |         |              |                |
| If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:   |  |                                       |                     |               |         |              |                |
|  | eposit Account No.                                 | 19-3935                               |                     |               |         |              |                |
| De   | posit Account Name                                 | STAAS & HALSEY                        | LLP                 |               |         |              |                |
| The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, includin any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., |  |                                       |                     |               |         |              |                |
| continuat  | ions/divisionals/CIPs ur<br>o maintain pendency he | der 37 CFR 1.53(b)                    | and/or continuation | s/divisional  | s/CPA   | s unde       | r 37 CFR       |
|  | : STAAS & HALSEY L                                 | <del></del>                           |                     |               |         |              |                |
| Typed Name   | Michael D. Stein                                   |                                       |                     | Reg. No.      | 37,24   | 40 .         |                |
| Signature  | Mula D   | HI)                                   |                     | Date          | 5       | 100          | 4              |

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